



Shamrock Dog Park Membership Application

Please indicate payment, **signed** hold harmless agreement, and up-to-date rabies vaccination records for ALL dogs with this application.

\$60 for a one-year membership (up to 3 dogs)

\$70 for a one-year membership – with an additional key fob

Mail to: Shamrock Dog Park; PO Box 4671, Lafayette, IN 47903

	DATE: _____
MEMBERSHIP TYPE <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL	PAYMENT <input type="checkbox"/> Payment Included w/Application Total Paid \$ _____ <input type="checkbox"/> Payment submitted through PayPal

OWNER NAMES* *Include names of any person that may bring your dogs to the Park.

1.	PHONE:	
2.	Street Address:	
3.	City:	
4.	State:	Zip:
5.	E-MAIL:	

	Dog Name	Breed	Color	Sex	Spay / Neuter
1					
2					
3					
4 +\$10					
5 +\$10					

NOTE: *Please be sure to include up-to-date Rabies Vaccination Records for **each** dog listed on application. An Annual Membership is good for up to 3 dogs, any additional dogs added are an extra \$10 each.*

HOLD HARMLESS AGREEMENT

I (We) have read and understand this agreement and the rules of the Dog Park Association of Greater Lafayette. I (We) understand that by making and signing this agreement, I (we) surrender valuable rights, including but not limited to, the right to sue. I (we) do so freely and voluntarily.

ALL owners listed on this application MUST sign in order for Membership to be processed.

*Please note with an * minor participants (age 12 to 17 years old).*

Signature	Printed Name
_____	_____
_____	_____
_____	_____